



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES  
STATE PUBLIC HEALTH LABORATORY  
BREATH ALCOHOL PROGRAM  
**DATAMASTER MAINTENANCE REPORT**

**RECEIVED**

By Carol Day at 2:38 pm, May 19, 2014

Complete this report at the time of the regular monthly preventive maintenance check (not to exceed 35 days).  
Complete this report whenever the instrument is serviced or repaired and whenever it is placed into service.  
Retain the original and send a copy within 15 days to the Breath Alcohol Program, DHSS.

DATAMASTER SN <b>201292</b>	NAME OF AGENCY <b>Owensville Police Department</b>	DATE OF INSPECTION <b>05-05-2014</b>
LOCATION OF INSTRUMENT (STREET AND CITY) <b>109 North Second Street Owensville</b>		TIME OF INSPECTION <b>0024</b>

**CHECKLIST:** Place a mark in the box by each item if found to be satisfactory or if operating within established limits. (Write in observed values where determined.) Unmarked items must be corrected before using instrument.

<input checked="" type="checkbox"/> DIAGNOSTIC CHECK (PRINTOUT ATTACHED)	DATE AND TIME (from printout) <b>05/05/14 0024</b>
<input checked="" type="checkbox"/> COMPUTER	<input checked="" type="checkbox"/> DETECTOR
<input checked="" type="checkbox"/> PROGRAM	<input checked="" type="checkbox"/> FILTERS
<input checked="" type="checkbox"/> HEATERS SAMPLE CHAMBER <b>49</b> °C	<input checked="" type="checkbox"/> QUARTZ STANDARD
<input checked="" type="checkbox"/> FLOW DETECTOR	<input checked="" type="checkbox"/> CALIBRATION
<input checked="" type="checkbox"/> PUMP HIGH SPEED	<input checked="" type="checkbox"/> PRINTER
<input checked="" type="checkbox"/> INDICATOR LIGHTS	
<input checked="" type="checkbox"/> SIMULATOR SOLUTION SUPPLIER <b>Repro Marketing, Inc.</b> LOT # <b>13002</b> EXP. DATE <b>06-19-2015</b>	
<input checked="" type="checkbox"/> SIMULATOR TEMP (34°C ± 0.2°C) <b>34.0°C</b> °C SIMULATOR SN <b>SD 2300</b> EXP. DATE <b>01-07-2015</b>	
<input checked="" type="checkbox"/> CALIBRATION CHECK – (ONLY ONE STANDARD IS TO BE USED PER MAINTENANCE REPORT) Run three tests using a standard solution. All three tests must be within ±5% of the standard value and must have a spread of .005 or less. Mark the box corresponding to the standard solution being used. (PRINTOUT ATTACHED) <input checked="" type="checkbox"/> 0.100% STANDARD - MUST READ BETWEEN 0.095% AND 0.105% INCLUSIVE <input type="checkbox"/> 0.080% STANDARD - MUST READ BETWEEN 0.076% AND 0.084% INCLUSIVE <input type="checkbox"/> 0.040% STANDARD - MUST READ BETWEEN 0.038% AND 0.042% INCLUSIVE	

TEST 1 - <b>.104</b>	TEST 2 - <b>.104</b>	TEST 3 - <b>.104</b>
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☒ PERFORM R.F.I. TEST (PRINTOUT ATTACHED)

INDICATE THE NUMBER OF BREATH TESTS IN THE FOLLOWING RANGES SINCE THE LAST MAINTENANCE REPORT:  
(DO NOT INCLUDE SELF-ADMINISTERED TESTS)

REFUSALS <b>0</b>	(0-.04) <b>0</b>	(.05-.09) <b>0</b>	(.10-.14) <b>1</b>	(.15-.19) <b>0</b>	OVER .19 <b>1</b>
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LIST ANY NEW PARTS AND DESCRIBE ANY ALTERATION OR MODIFICATION THAT WAS MADE TO RESTORE THE INSTRUMENT TO OPERATE SATISFACTORILY AND WITHIN ESTABLISHED LIMITS  
(USE OTHER SIDE IF NECESSARY).

*Instrument operating properly within Department of Health and Senior Services guidelines and standards.*

**INSPECTING OFFICER**

SIGNATURE <i>[Signature]</i>	PRINT FULL NAME <b>JONATHAN SLOTT GRIFFITH</b>
TYPE II PERMIT NUMBER/EXPIRATION DATE <b>240130 / 04-03-2016</b>	TELEPHONE NUMBER <b>573-437-2195</b>

RETURN COMPLETED REPORT TO THE: **Breath Alcohol Program, MO Department of Health and Senior Services, Southeast District Office  
2875 James Blvd.  
Poplar Bluff, MO 63901**

**CERTIFICATE OF ANALYSIS**

**MANUFACTURER AND SUPPLIER: RepCo Marketing, Inc.**

**LOT NUMBER: 13002**

**EXPIRATION DATE: June 19, 2015 at 11:59 p.m.**

RepCo Marketing, Inc. certifies the following:

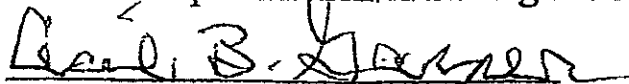
RepCo Marketing, Inc. manufactured, tested and supplied Lot Number 13002 of Alcohol Certified Solution for simulators. Random samples of said lot number were analyzed by an independent laboratory utilizing a gas chromatograph and found to contain .1217 gms/dl +/- .003 gms/dl wt/vol ethanol (95% Confidence).

The alcohol and distilled water used in the solution were found to be free of any interfering substance.

This solution will produce a vapor alcohol value of .100 +/- 3% gms/210L Breath when heated to 34 Degrees Celsius +/- 0.2 Degrees Celsius in a simulator (95% Confidence).

The date of manufacture for this lot number is June 20, 2013  
The expiration date for this lot number is June 19, 2015 at 11:59 p.m.

This document is a true representation of the original Certificate of Analysis.



Cecil B. Garner, President  
RepCo Marketing, Inc.

Face This Side Down - This Edge In First

# BAC DataMaster Evidence Ticket

STATE OF MISSOURI  
OWENSVILLE POLICE DEPARTMENT

BAC DATAMASTER SERIAL NUMBER 201292

05/05/14

00:24

--- DIAGNOSTIC CHECK ---

COMPUTER: OKAY

PROGRAM (04-07-2009): OKAY

HEATERS

SAMPLE CHAMBER: 49c

FLOW DETECTOR: OKAY

PUMP

HIGH SPEED: OKAY

DETECTOR: OKAY

FILTERS: OKAY

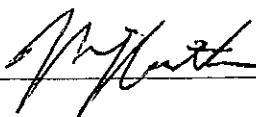
QUARTZ STANDARD: OKAY

CALIBRATION: OKAY

PRINTER TEST

!"#\$%&'()\*+,-./0123456789:;<=>?@ABCDEFGH  
IJKLMNOPQRSTUVWXYZ[\]^\_`abcdefghijklmnopqrstuvwxyz{|}~  
pqrstuvwxyz{|}~

Operator Signature



2208-02

Face This Side Down - This Edge In First

# BAC DataMaster Evidence Ticket

STATE OF MISSOURI  
OWENSVILLE POLICE DEPARTMENT

BAC DATAMASTER SERIAL NUMBER 201292  
05/05/14

TESTING OFFICER:  
GRIFFITH/JONATHAN/SCOTT  
OFFICER I.D.: 104  
PERMIT NUMBER: 240130  
EXPIRATION DATE: 04/03/16  
MISCELLANEOUS DATA:

--- SUPERVISOR MODE ---

BLANK TEST	.000	00:28
INTERNAL STANDARD	VERIFIED	00:28
EXTERNAL STANDARD	.104	00:28
BLANK TEST	.000	00:29
EXTERNAL STANDARD	.104	00:30
BLANK TEST	.000	00:30
EXTERNAL STANDARD	.104	00:31
BLANK TEST	.000	00:31

N = 3  
SIM. = .1  
AVG. = .104

Operator Signature



2208-02

Face This Side Down - This Edge In First

**BAC DataMaster**  
**Evidence Ticket**

STATE OF MISSOURI  
OWENSVILLE POLICE DEPARTMENT

BAC DATAMASTER SERIAL NUMBER 201292  
05/05/14

ARREST TIME: 00:05

SUBJECT NAME:

RFI/TEST

DOB: 09/09/09 SEX: M

STATE/D.L.: NA/NA

ARRESTING OFFICER:

NA

OFFICER I.D.: NA

TESTING OFFICER:

GRIFFITH/JONATHAN/SCOTT

OFFICER I.D.: 104

PERMIT NUMBER: 240130

EXPIRATION DATE: 04/03/16

MISCELLANEOUS DATA:

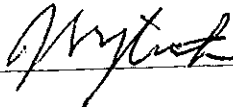
RFI TEST

RFI TEST

--- BREATH ANALYSIS ---

BLANK TEST	.000	00:35
INTERNAL STANDARD	VERIFIED	00:35
RADIO INTERFERENCE		

Operator Signature



2208-02



STATE OF MISSOURI  
DEPARTMENT OF HEALTH AND SENIOR SERVICES  
BREATH ALCOHOL PROGRAM

2

**PERMIT**  
**TYPE II**

**JONATHAN S GRIFFITH**

is hereby authorized to instruct and supervise operators, train instructors, inspect, calibrate, perform field service and repairs, and operate the following breath analyzer(s):

**DATAMASTER**

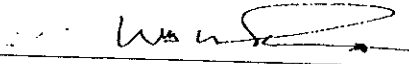
for the determination of the alcoholic content of blood from a sample of expired air. Permit issued under the provisions of sections 577.020 through 577.041, RSMo and 306.111 through 306.119 RSMo.

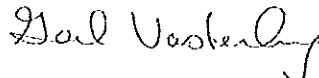
DATE 4/3/2014

NUMBER 240130

EXPIRES 4/3/2016

MO 580-0771 (6-10)

  
\_\_\_\_\_  
DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

  
\_\_\_\_\_  
DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

LAB-4 (R6-10)